CHAPTER 3:

Staffing

Staffing a program to serve the mental health needs of HIV-infected and -affected individuals can be a lengthy and time consuming process. Program directors need to do the most they can up front to hire or train the "right" staff to address the multiple issues confronting persons living with HIV. Before undertaking such an endeavor, it is crucial to have certain organizational and program elements in place. (See Chapter 1 on Establishing Services.) The most significant factors to examine and act upon when hiring or re-assigning staff for an HIV-specific mental health program are found in this chapter.

STAFF COMPOSITION

The staff composition of the 11 Demonstration projects included social service case managers, social workers, psychologists, psychiatrists, psychiatric nurses, substance abuse treatment counselors, medical doctors, medical case managers, nurse practitioners, physician assistants, outreach workers, pastoral care providers, HIV-positive peer providers, and other paraprofessionals. A program's staff composition depended on the program's focus, and the needs and service utilization patterns of the target population. (See Chapter 1 on Establishing Services.)

STAFF CHARACTERISTICS

Certain staff characteristics are highly desirable when it comes to meeting the mental health, substance abuse, and case management needs of people living with or affected by HIV. Some key traits to look for include those identified below.

Commitment to the program's mission, vision, and philosophy. It is important to get a sense of how staff see themselves applying the program's mission, vision, and philosophy in client interactions. For instance, several Demonstration sites experienced difficulty in finding staff who not only understood their program's philosophy and model but also knew how to operationalize its concepts. For the sites who overcame these difficulties, staff adapted and integrated their professional training and field experiences and/or their personal recovery strategies in order to fully carry out the mission, vision, and philosophy of their programs.

Cross-cutting competencies and skills. It is important to have the following knowledge and skills represented in a program's staff:

- Mental health treatment practices and modalities, such as individual, group, family, and peer-led therapy and counseling, as well as neuropsychiatric and psychiatric services and neuropsychological testing
- Substance abuse treatment practices, such as harm reduction and 12-step programs
- Biomedical practices in the ever-changing treatment of HIV, such as the evolution of the virus itself, new medications, their side effects, and new opportunistic infections
- Holistic approaches to treating the complications of HIV, such as aromatherapy, acupuncture, or herbal therapies
- Awareness of the service system and its political context
- Knowledge of local resources
- Experience in using evaluation tools to measure client outcomes

Diversity. Staff need to be demographically similar or relate easily to the target population in terms of ethnicity, age, gender, class, sexual orientation, language, culture, life experiences, and HIV status. However, demographic matching is not always possible, nor does it necessarily guarantee the best "fit" between staff, clients, and the program's mission. Program planners also need to look for providers who share similar values and beliefs with clients, as well as providers who have the most appropriate skills to meet the client's needs. Demographic matching, value matching, and skill matching are equally important.

Flexibility with clients. Since people living with or affected by HIV present with multiple and dynamic needs, staff may need to adapt traditional ways of working to meet clients "where they are." For example, some clients will benefit from after-hours appointments or make unscheduled visits. Within the therapeutic relationship, staff likely will be called upon to change their approach from time to time. Whether it be assuming case management responsibilities or altering the format and goals of treatment so that they are more relevant and appropriate for the unique needs of each client, flexibility is an essential characteristic for service providers.

Sensitivity. Clients often present with values, beliefs, and behaviors that conflict with the worker's values, beliefs, and behaviors. Staff must have the capacity to remain nonjudgmental and avoid any hint of "moral superiority."

Empathy. Living with HIV and its accompanying uncertainties, stigma, demanding medication regimens, and emotional stressors is a challenge, especially when HIV occurs in tandem with mental health, substance abuse, and other physical disorders. Staff who are able to understand these issues from the client's perspective are better equipped to engage and retain clients in treatment.

HIV-Specific Mental Health Training Opportunities

The Mental Health Care Provider Education In HIV/AIDS Program II, funded by the Center for Mental Health Services, is an interdisciplinary program that promotes training opportunities for the full cadre of mental health care providers who serve people affected by HIV, including traditional mental health care providers, such as psychiatrists, psychologists, nurses, social workers, counselors, marriage and family counselors; other front-line providers of mental health services, such as medical students and primary care physicians; and nontraditional providers, such as clergy, other spiritual providers, and alternative health care workers. The program supports seven grants to universities across the nation that provide HIV/mental health-specific training opportunities to professionals in their communities. In addition, the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers provide training and education opportunities for mental health professionals who are members of, or affiliated with, these three national organizations.

For more information about possible training opportunities, call 1-800-789-CMHS (2647) or go to http://www.mentalhealth.org/ on the Internet.

In-Vivo Training at the Los Angeles Project

At the Los Angeles project, social work interns observe staff clinicians as they conduct psychosocial intakes (with the client's prior permission). Interns then complete the next round of intakes with a staff clinician observing and intervening when necessary. Since direct observation of individual therapy sessions often is impossible (unless a facility is equipped with two-way mirrors), process recordings can be an effective way of teaching clinicians how a session should be conducted. (See Appendix B for the form that the Los Angeles project uses for process recordings.) In addition, the use of audio recordings provides instant feedback for clinicians and supervisors.

Comfort with difficult issues. Addressing death and dying issues—both in the abstract and on a personal level—is extremely important. Comfort with sexual issues on several levels, including being comfortable with one's own sexual identity, thoughts, and behaviors; accepting differences in clients around sexual promiscuity, experimentation, and expression; and being comfortable talking about sex, sexual abuse, incest, and death issues concurrently with clients also is important.

Determination. Staff likely will face barriers from clients, co-workers, systems, and other service providers. After fighting many such battles, staff may become discouraged. With support from supervisors, staff must persevere and seek help when they experience low morale and burnout. (Burnout issues are discussed later in this chapter.)

Ability to be a team player. To meet the diverse needs of clients, staff need to work closely and cooperatively with other service providers. Learning from one another, sharing responsibility, and reaching consensus are key staff attributes.

Ability to adapt to the changing nature of the epidemic. As the epidemic changes and as new research and treatment approaches continue to emerge, staff need to continually adapt their thinking and approach to how services are delivered. If staff do not have the knowledge or skills required to provide HIV-specific mental health treatment, it is important that they are open to learning about these areas so they can become better equipped to serve the target population.

Perseverance. With some clients, it takes a lot of energy and patience on the part of staff to initiate, stabilize, and maintain relationships and keep clients engaged in services. While the client may relapse or want to discontinue services, staff need to reach out and press onward so that clients can accept the help they need.

Sheila's Story

In addition to mood swings stemming from her bipolar disorder, Sheila was naturally drawn to dramatic and attention-seeking behaviors that got her into trouble. Monitoring the lithium adherence, the crack abstinence, and the natural peaks and valleys of Sheila's volatile relationships kept Dottie in a state of concerned vigilance. Over a three-year period, Dottie provided a wide range of case management services, including reinstating Sheila's Social Security disability check, helping her find progressively independent housing, securing emergency financial assistance, counseling and coaching her for court appearances and job interviews, and accompanying her during painful gynecological procedures.

The order was predictable. Sheila would skip her lithium, develop manic symptoms, relapse into crack use, and then re-enter detoxification—a cycle she repeated three times. The precipitant would be an upsetting event—a physical assault by her boyfriend, an appearance in court as a witness to a shooting, the incarceration of a younger brother, or a sharp drop in her T-cell count. Much of Dottie's energy was spent calming and reasoning, taking Sheila step by step through the consequences of her threatened actions.

Sheila handed Dottie her walking papers on many an occasion. Threats of suicide and homicide (toward a boyfriend) required at least one psychiatric hospitalization. Dottie remained steadfast, tenacious, available, non-judgmental, and persistent. When Dottie returned to the office, out of breath after a high-heeled chase through an alley to the crack house, even her supervisor cautioned against "excessive pursuit."

From their first meeting at the jail, through a shelter placement, a residential group home, and finally Sheila's own place and a part-time job, Dottie demonstrated the intensive case management, outreach, careful monitoring of medication adherence, and consistent follow-through necessary for Sheila to come to grips with her triple diagnoses. Above all, Dottie made evident through her actions her unflagging belief in Sheila's worth and her ability to significantly improve the quality of her life.

Dottie, a psychiatric nurse, demonstrated some of the staff characteristics put to effective use in working with Sheila, a triply diagnosed client.

STAFF TRAINING

Staff training should be driven by a program's staff composition, the services offered, and the needs of the target population. Ideally, staff training should incorporate the following elements.

Orientation to the organization, the program, the work, and the clients. All staff should receive training about the organization's and program's mission and vision, as well as its functions and operations. Staff also need to know where they "fit" in the program and the roles and responsibilities expected of them.

Continuous and ongoing training opportunities. Training should be updated to reflect changes at the macro-level (e.g., changes in the epidemic, psychotropic medications, and local resources) and the field's response to such changes. In addition, staff need to be trained when these changes affect day-to-day program operations and procedures.

Experiential and didactic formats. Training has the best effects when it is both experiential and didactic. If possible, conducting direct observations of staff as they perform their jobs can be an important part of training and quality assurance.

Multidisciplinary training conducted by other staff. Training curricula can be developed and delivered by staff from different backgrounds and orientations—including staff from other agencies and programs. Training from multiple perspectives helps staff better understand the role of different providers in the service delivery process. It also can provide staff with ideas on how to work with other providers.

...training from multiple perspectives...

Match the needs of staff to changes in the epidemic. Training opportunities can address individual staff and team needs, as well as areas of weakness. A training needs assessment, conducted with the input of staff, can be an effective way to identify training needs and areas of weakness. Another way to assess training needs is to interview clinical supervisors. Individual staff training may be necessary for individuals who have greater needs or areas of weaknesses.

TRAINING INITIATIVES CONDUCTED BY DEMONSTRATION PROJECTS

Throughout the Demonstration Program, the 11 projects implemented a broad range of training initiatives related to HIV, mental health, substance abuse, and case management. (See Figure 6.) The projects also conducted trainings on many other topics, including the following areas.

Desirable staff characteristics. Not every staff member can possess the characteristics described previously in this chapter. Training should be provided to ensure that these characteristics and skills are discussed and conveyed to staff as being vital to their work with clients.

Group interventions. For programs that offer group treatment, the following staff training topics were found to be useful by the Demonstration sites:

- Learning about group facilitation and skills (e.g., role plays)
- Understanding clients' information-processing styles
- Learning about the different ways to educate clients
- Understanding the issues that may arise from integrating clients with different life experiences (i.e., social, class, and cultural differences) in group situations
- Understanding the issues that may arise when clients with varying degrees of mental health problems participate in the same group

Safety issues. Clinics that provide HIV-specific mental health services should have a viable safety plan in place if a client becomes aggressive or loses control. This plan can be communicated to each employee through a series of trainings. Local county departments of mental health often provide Management of Assaultive Behavior training, and every staff member should be trained under such a program.

Special populations. Specialized training may be required to increase staff awareness of and sensitivity to issues predominant in special populations (e.g., HIV-positive women and their children; people who are transgendered; and ethnic and cultural minorities). Training can help staff recognize multicultural nuances of service delivery and provide a framework for working effectively with these special populations.

Legal issues. There are many legal issues associated with providing services to people living with or affected by HIV. For example, there may be restrictions on the kinds of services a program may offer (e.g., needle exchange programs) or on service providers themselves (e.g., duty to warn or confidentiality laws). In addition, staff need to know about a client's legal rights, such as his/her eligibility for entitlements. Specific training on these issues can help ensure that programs operate within the confines of the law and assist staff in providing high-quality services, including access to HIV-specific legal assistance.

Figure 6

Examples of Training Topics Used in the Demonstration Program

Substance Abuse Issues:

- Different theories and interventions, including harm reduction vs. abstinence orientation
- Relationship between substance abuse and HIV
- Interaction between legal and illegal psychoactive substances and medication
- Similarities between marinol and marijuana, and cocaine and anti-depressants

Mental Health Issues:

- Categories of mental illnesses, especially those associated with HIV
- Current psychotropic medications and treatment modalities
- How to incorporate HIV-specific and primary medical needs into the clinical assessment of clients
- Working with clinicians from multiple disciplines, including medical care providers
- Exploring death and dying issues
- Addressing ambivalence associated with sexual expression
- Integrating HIV as a chronic illness into assessment and psychotherapy
- Interactions of psychotropic medications with HIV medications

Primary Care Issues:

- Basic training on HIV and how it attacks the immune system
- Current medication and treatment regimens
- Basic information on HIV and opportunistic infections
- How to help clients adhere to medical regimens
- New developments in HIV and its effect on medication and treatment

Case Management Issues:

- The existing service delivery environment and the contacts within each system
- Existing linkages (informal, or formal) between the organization and other service providers
- How clients and/or the program can access federal, state, and local services and entitlements
- Ways to empower clients so they can navigate numerous systems effectively
- Confidentiality issues, such as state reporting requirements and partner notification standards

supervision... an important component

SUPERVISION

Staff supervision is an important component of programs delivering HIV-specific mental health services. The goal of supervision is to train, lead, motivate, and support staff around clinical and programmatic issues. Supervision also helps ensure that clinical services reflect the program's commitment to quality assurance. Areas of focus for supervision may include the supervisee's:

- therapeutic relationships with clients
- professional relationships with the supervisor and other staff
- fidelity to the program's mission and philosophy
- application of desirable characteristics in his/her work with and on behalf of clients

Desirable Characteristics in a Supervisor

The 11 Demonstration projects identified the following qualities beneficial in a good supervisor:

- sound clinical judgment
- unflappability
- creative problem-solving
- knowing when and how to lay down the law
- ability to contain anxiety
- a therapeutic approach grounded in research and experience
- a fair, even-handed approach to the work
- willingness to include staff in decision-making
- motivation and the ability to motivate others
- a sense of humor
- a non-shaming and non-blaming approach to his/her work
- sensitivity to burnout and the emotional toll associated with serving people with HIV
- a capacity for nurturing that fosters independence
- good listening skills
- a willingness to consider and try new approaches to service delivery

SPECIAL STAFFING ISSUES

Transference and countertransference. Transference and countertransference are concepts from psychoanalytic theory that are used broadly by mental health practitioners and are particularly useful to understand when providing mental health services to people living with or affected by HIV. Basically, transference is the phenomenon of the client projecting his/her feelings, thoughts, and wishes onto the therapist who has come to represent someone from the client's past. Transference may be either positive or negative (e.g., the client overvalues or undervalues the therapist without basis in reality). In working with HIV-positive persons, some clients will re-experience unresolved past issues. It is therefore helpful for therapists to be aware of transference and the particularly rich frame it provides for therapeutic work.

Some client concerns that led to transference reactions at the Demonstration projects were:

- past experiences with helping professionals
- thoughts and feelings toward illness and dependency
- past experience in intimate and familial relationships
- thoughts and feelings about HIV
- beliefs about sexuality, homosexuality, and substance abuse

It also is important for therapists to be aware of countertransference and how it may arise in the provision of HIV-specific mental health services. Countertransference refers to the phenomenon of the therapist projecting past feelings and wishes onto the patient who has come to represent someone from the therapist's past. Because this is an unconscious phenomenon, therapists must be alert to what is occurring in the therapeutic process. Often, supervision is helpful in identifying countertransference issues. If countertransference continues unrecognized, it can obstruct a clinician's understanding of the client's situation or needs and may have a detrimental effect on the success of treatment.

Some therapist concerns that led to countertransference reactions at the Demonstration projects were:

- fear about "being contaminated" by the virus
- values, beliefs, and judgments about sexuality and homosexuality
- thoughts and feelings about meeting dependency needs of others
- relief in not being HIV-positive
- past experiences in intimate and familial relationships

Burnout. When staff have difficulty balancing their commitment and motivation with the stresses in their work, the result may sometimes be an onset of symptoms suggestive of burnout. The word "burnout" refers broadly to an individual's response to work-related stressors that have not been successfully managed or resolved (Macks & Abrams, 1992).

The process of burnout for HIV-specific mental health providers operates within a multi-layered context of adverse sociocultural issues (e.g., discrimination, fear, and stigma), harsh medical realities (e.g., multiple course of HIV and the lack of a cure), and difficult psychological circumstances (e.g., continued confrontation with hopelessness and helplessness, death, and dying). An understanding of this context and its influence on staff burnout will help program directors respond better to staff who begin to show signs of burnout (McDaniel et al, 1996). Burnout may be manifested in a variety of ways, including:

- **Physical symptoms**, such as chronic fatigue, changes in appetite, gastrointestinal problems, tension headaches, and sleep disturbance
- **Psychological symptoms**, such as alienation, depression, anxiety, irritability, loss of concern, negativism about self and others, and anger toward clients
- **Behavioral symptoms**, such as avoiding responsibilities, decreased productivity, under/overeating, lethargy, and increased alcohol or drug use

In some instances of burnout, program directors may be forced to accept the fact that some staff simply do not belong in an HIV service delivery setting. Perhaps they do not have the necessary coping skills, have worked too long and too hard to remain in this line of work, or HIV has taken its toll in their personal lives as well. Staff may need to take a respite from the work until they have restored balance in their lives.

Ways to Prevent Staff Burnout

The 11 Demonstration projects found the following efforts to be helpful in preventing staff burnout:

- Providing ongoing staff support
- Helping staff learn new skills and techniques so they remain interested in their work
- Revamping or eliminating cumbersome or unnecessary procedures, such as paperwork and reporting requirements
- Using different strategies to motivate staff
- Promoting team building by doing activities together, such as holding staff retreats
- Balancing caseloads
- Delegating authority so that staff feel a greater sense of control over their work
- Supporting and nurturing staff members' special interests
- Frequently acknowledging and rewarding staff contributions
- Giving staff "mental health days" off
- Asking staff to assume a variety of assignments so they are not dealing with the same difficult tasks every day
- Assisting staff in developing positive and healthy coping skills

Turnover. Any HIV-specific mental health program inevitably will encounter the challenge of managing staff turnover. Staff turnover is not necessarily a negative event. However, clients and staff may experience it as an additional loss. The following issues contributed to staff turnover at the 11 Demonstration projects:

- The pressures inherent in work with HIV-infected and -affected clients
- The emotional ramifications that can emerge when trying to help a client who does not want to be helped
- Experiencing the death of clients
- Inflexibility on the part of program directors to help staff meet the changing needs of HIV-positive clients
- Poor matching of staff with clients
- An historic and persistent shortage of resources to serve clients effectively
- Neglectful leadership
- Poorly operationalized program goals
- Ignoring the "red flags" that often lead to burnout
- Inadequate and non-responsive supervision
- Low pay and the lack of promotional opportunities

How a program intends to prevent high staff turnover should be articulated when the program is being established. In addition, organizational leaders must pay constant attention to the "warning signs" identified above. Otherwise, the program's ability to serve clients effectively and consistently may be severely jeopardized.